

MONTHLY HAZARD SURVEILLANCE/FIRE INSPECTION CHECKLIST

PURPOSE: This form will be used by the unit safety representative and supervisors monthly. If a deficiency and/or hazard exists, *specifically* identify the location(s) and action(s) taken for correction. Forward a copy of the completed checklist to the MEDDAC Safety Manager and retain one copy on the unit.

UNIT/AREA INSPECTED:	BLDG NR:	PHONE: ()
INSPECTOR'S NAME:	DATE OF INSPECTION:	

ITEMS	YES	NO	N/A	LOCATION/ACTION
SECTION I - FIRE CODE				
A. Are the fire doors kept closed at all times? (Not wedged open.)				
B. Are main egress corridors free of chairs, equipment, debris and obstructions?				
C. Do door latching mechanisms latch?				
D. Are combustible liquids stored in a flammable storage cabinet?				
E. Are items stacked greater than 18 inches vertically from sprinkler head/ceiling?				
F. Are storage rooms neat, organized and with aisle space, doors closed?				
G. Are exit signs lit? (Both bulbs.)				
H. Are portable space heaters prohibited?				
I. Are fire extinguishers inspected monthly and are inspections documented?				
J. Are doors opened via mechanical means, NOT loose doorstops and/or disconnected				
SECTION II - PHYSICAL HAZARDS AND HAZARDOUS PRACTICES				
A. Are walkways free of telephone and power cords?				
B. Are all ceiling tiles intact, not broken or missing?				
C. Are rest room grab bars intact?				
D. Are call systems functional in Same Day Surgery patient rooms, cubicles and bathrooms?				
E. Are carpets secure, floor in good repair?				
F. Are caution signs used for wet floors?				
G. Are stools or ladders available where needed?				
H. Are wheelchairs, gueneys and litters in good repair?				
I. Are compressed gas cylinders secured?				
SECTION III - HAZARDOUS MATERIALS AND WASTES				
A. Do all products have adequate labeling? (A product/chemical name, manufacturer, precautions.)				
B. Are material safety data sheets (MSDS) available in the area?				
C. Are documented procedures for handling and disposal of hazardous materials/waste available?				
D. Is a spill kit available?				
E. Are chemicals/solutions/wastes secured in areas that are also occupied by children?				
SECTION IV - ELECTRICAL HAZARDS				
A. Are electrical cords in good repair, no cuts or freyed areas?				
B. Are extension cords used only in non-clinical areas?				
C. Are medical equipment stickers up-to-date?				
D. Has the unit safety representative approved all personal electrical equipment used by the staff?				
E. Do all lights operate properly?				
F. Are tamper proof electrical receptacles evident in areas occupied by children.				

ITEMS	YES	NO	N/A	LOCATION/ACTION
SECTION V - SAFETY EQUIPMENT				
A. Have safety shower/eyewash units been checked weekly and documented?				
B. Are appropriate (class) fire extinguishers located in the area and wall-mounted?				
C. Is the emergency lighting tested monthly?				
SECTION VI - PERSONAL PROTECTIVE EQUIPMENT (PPE)				
A. Do staff who are fit-tested with respirators have their respirators available?				
B. Are the following items of PPE available and used in the area?				
1. Goggles?				
2. Safety glasses?				
3. Face shields?				
4. Aprons and/or lab coats?				
5. Safety shoes and/or boots?				
6. Masks?				
7. Impervious gowns?				
C. Is PPE maintained in sanitary condition and stored in a central location?				
SECTION VII - GENERAL				
A. Is DD Form 2272 (OSHA Workplace Poster) posted in the work area?				
B. Do all employees have a RACE/PASS/SPILL procedure card?				
SECTION VIII - TRAINING				
Have orientees received their unit level safety orientation?				

ACCIDENTS / INJURIES TO ASSIGNED PERSONNEL		
DATE	PERSON(S) INVOLVED	LOST TIME / RESTRICTED

SAFETY TRAINING CONDUCTED DURING THE <i>PREVIOUS</i> MONTH			
DATE	TYPE OF INSTRUCTION	SUBJECT	NO. ATTENDED